

TEXAS WORKFORCE COMMISSION

APPLICATION FORM SKILLS DEVELOPMENT FUND SKILLS FOR TRANSITION PROGRAM

Local Public Community College:

APPLICANT INFORMATION	
Applicant Organization:	
LWDA Region:	
Address:	
City/State/Zip:	
Contact Name and Title:	
Telephone:	
Email Address:	

GRANT AMOUNT AND JOB INFORMATION**			
Requested Grant Amount <i>(Choose One): Justification for higher amount required on second page.</i>	\$50,000	\$100,000	Other – Justification required on 2 nd page
Total Number of Trainees Projected to Train:			
Cost Per Trainee:	\$2,750 (training shall not exceed this amount per participant)		

LOCAL MILITARY INSTALLATION INFORMATION	
Military Installation	
LWDA Region:	
Address:	
City/State/Zip:	
Onsite Liaison:	
Telephone:	
Email Address:	

Training to be provided shall be for a targeted/high-demand occupation on the LOCAL Workforce Board list of high-demand/targeted occupations. Training for an occupation outside of the local Board area will be for an occupation in the area to which the service member will be residing, as indicated on their registration form. The Board area of the occupation must be identified when courses are submitted for approval.

1. Requested Grant Amount (Justification):

A minimum \$50,000 award will be made to a local community college that applies for funding, with no additional justification required. If a \$100,000 grant, or greater amount, has been requested, please provide justification below for the higher amount, including estimated number of servicemen/veterans that meet the 365-day transition period in the local board area; and training that leads to a license or certificate, and which is immediately available at the community college, for the top occupations listed on the high-demand/targeted occupations list of the local board area.

JUSTIFICATION:

2. Collaboration with the Local Workforce Board and Military Installation (*In addressing the following, the responses must be relevant to the proposed project, and not existing projects or projects that have already been implemented*):

- a. Identify the Local Workforce Development Board(s) that will be involved in the screening and recruiting of eligible service members and veterans, and describe the collaboration and referral system established between the Board, Military Installation, and College.

Name(s) of Board(s) and description of collaboration and referral system:

Applicant Acknowledgement and Assurances:

By signing below, the applicant hereby acknowledges and assures that:

- The applicant agrees that all participants served are within 365 days of separation from the military;
- The applicant agrees to collect DD-214 forms (Member 4 copy) to verify participant eligibility for training;
- The applicant agrees to collect any forms provided by the Local Workforce Board to verify participant eligibility for training, including vouchers that establish an active service member is within 365 days of separation;
- The applicant will adhere to all requirements, as outlined on the attached Overview and Program Requirements document.

Authorized Signature (e-signature accepted)

Title

Typed Name

Date

Cristina Ramos, Manager
Workforce Business Services
Texas Workforce Commission
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Electronic copies are preferred.